

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼ C C00508440	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y</table>	

Full Name of Payee Human Rights Campaign			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y</table> 07 / 19 / 2016		
Mailing Address 1640 Rhode Island Ave NW			Amount <table border="1" style="width:100%">5467.26</table>		
City Washington	State DC	Zip Code 20036	Transaction ID : D630805		
Purpose of Expenditure T-Shirts		Category/Type <table border="1" style="width:100%"> </table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y</table> 07 / 19 / 2016		
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%">28834.48</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee API			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y</table> 07 / 20 / 2016		
Mailing Address 4471 Nicole Dr			Amount <table border="1" style="width:100%">2090.00</table>		
City Lanham	State MD	Zip Code 20706	Transaction ID : D630712		
Purpose of Expenditure Pins		Category/Type <table border="1" style="width:100%"> </table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y</table> 07 / 20 / 2016		
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Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%">28834.48</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%">7557.26</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="width:100%"> </table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="width:100%"> </table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

[Electronically Filed]

Date

 /

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07 / 27 / 2016

Signature